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| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. 1190-0566PUS2 | |
|--|---|---|-----------------------------------|-----------------------------|--------|
| Application No. 10/824,355-Conf. #6322 | | Filing Date April 15, 2004 | | Examiner A. Neyzari | |
| | | | | Art Unit 2655 | |
| Applicant(s): Keiji NAKAMURA et al. | | | | | |
| Invention: OBJECTIVE LENS DRIVING APPARATUS | | | | | |
| MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 5 | - 20 = | | x | |
| Independent Claims | 1 | - 3 = | | x | |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): Statutory Disclaimer | | | | | 130.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 130.00 |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity | | | | | |
| <input type="checkbox"/> No additional fee is required for this amendment. | | | | | |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed. | | | | | |
| <input checked="" type="checkbox"/> A check in the amount of \$ 130.00 to cover the filing fee is enclosed. | | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed. | | | | | |
| <input checked="" type="checkbox"/> Credit any overpayment. | | | | | |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | | |
| Richard Anderson Attorney Reg. No.: 40,439 BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8035 | | | | Dated: November 3, 2005 | |